MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11.	91	95		12
Re	e. Di	at. No.	2	03

	/ Nog. Dist. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State mary lased county Kint
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Pines neck
"inly heads	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME alice Virginia Elburn	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Rem. Na. married.	20. DATE OF OFATH SEAS 22 1945 at 405 A M
8 (b) Name of husband or wife Russell Elburn	21.1 CERTIFY that death occurred on the date above stated: that I attended deceased from
O. L. A. Manual of Manual	21.1 CENTIFY that death occurred on the date above stated; that I attended deceased from Analy 7.2 19.45 to 14.62 27 19.45
7. Birth date of Page	and that I last saw h. C. alive on clother last so 18.45
deceased (mo., day, yr.) Felv 23 1893	
8. AGE: Years Months Days It less than one day	acute carriac failure
52 6 30hrsmin.	
8. Birthplace Balla' ruon, 2nd (Town, county, and state)	Oue to chron Envo carve les
10. Usual occupation House work	Belleva Tarra 1000
0	Due to Heffur Lewson
11. Industry or business own come	C 00. 2500
12. Name. John & Benton 3. Birthplace Balkinung	Other conditions fall v town
2 13. Birthplace /3 alli sucre	(Include pregnancy within 3 months of death)
= 14. Maiden name Glier Josephense Growell	Major findings of operations.
14. Maiden name Alice Janephanie Croude 15. Birthplace Keul Co, 2nd	Date of on
16. Interment Rusall fellowis	Autopsy results.
5 04 4 4 1	PIIYSICIAN: Please underline the cause to which death should be charged statistically.
Address Park Hall Med	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which i) Daie thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crometery Wesley Charel	Where did injury occur?
2 A 1 14-00 m	
Location Check Tours Transfaril	Injured at home, tarm, industry, public place (where?)
18. Funeral director y W What Wells	Means of Injury Injured at work?
Address Blestytown, my	Out NAR
abu - let m	23. SIGNATURE COUNTY TWYORK M. D. Sother
Oate rec'd by registrar) 18. J. L. W.	Address Rock Hell, Med Date stened 9/22/45



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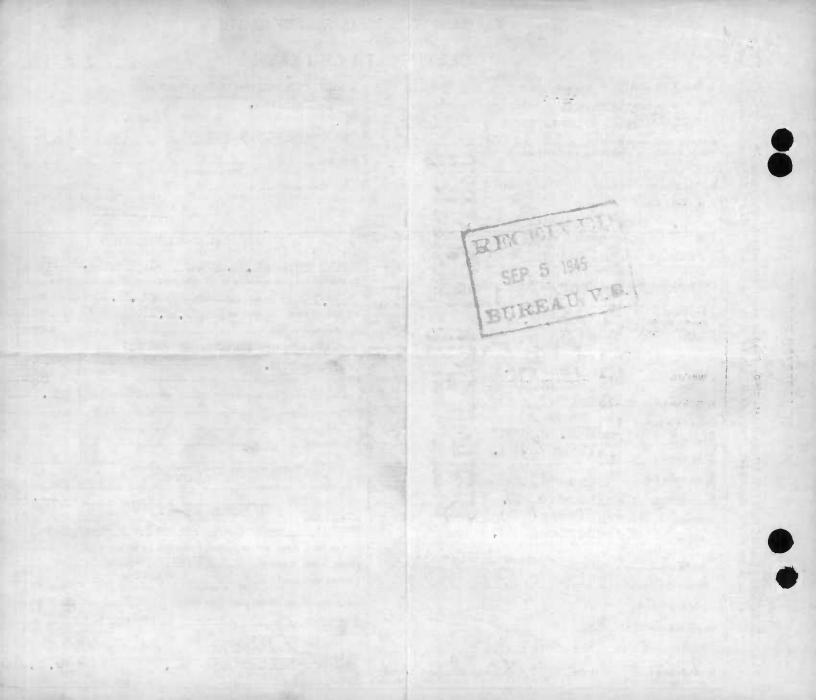
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4-9

CERTIFICATE OF DEATH

09096

	· · · · · · · · · · · · · · · · · · ·	Reg. Dist. No.	***************************************
1. PLACE OF DEATH: Kent County Chestertown		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intent) give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 Years Nospital, Institution, or street address where death occurred:		City or town. Catherine County or town limits, write RURAL and give no Street No.	
How long in hospital or institution?	le	2.(a) It veteran, name war	
3. (a) FULL NAME Nancy Browne Eva	uns.	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married		MEDICAL CERTIFICATION 20. DATE OF DEATH Sept. 2. 1945	1.5. P
5.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended dec Fan 1945 and that I last saw h	eased from 4519
8. AGE: Years Months Days 64 5 3	If less than one dayhrsmin.	Immediate cause of death	•••
9. Birthplace Baltimore, Md. (Town, county, and state 1D. Usual occupation Housewife 11. Industry or business		Due to Primary Carcinomal of Janereas!	vr
Horace B. Browne Baltimore, Md.		Other conditions	•••••••••••••••••••••••••••••••••••••••
14. Malden nameSara McComas 15. Birthplace Baltimore, Md.	5	(Include pregnancy within 3 months of death) AS above Major findings of operations	April.19
16. Informant Henry Evans (Hus		Autopsy results	1942.
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Woodlawn Cem.	Sept. 4, I945 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Baltimore, Maryland 18. Funeral director J: Willis Wells		Injured at home, farm, Industry, public place (where?) Means of Injury Injured allwork?	
Address Chestertown, Ma	A	23. SIGNATURE TOWN M.D. M. D.	//. U.
(Dats rec'd by registrar)	Registrar	Address Date signed	



VS A15

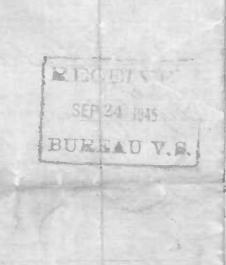
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 943

CEDTIFICATE OF DEATH

119697

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(Eor newborn infants give esidence of mother)
(If gytside city or town limits, write RURAL and give nearest town)	State Mary County County
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Mill - Parities	Ind dayon 216-09-5205
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
a hallen in	0 01
Male Phile marked	20. DATE OF DEATH. 216:5/1 M
S.(b) Name of husband or wife. Edd fla Many Ayangana	21, I DARTIFY that death occurred on the date above stated; that I attended deceased from
/ //2 /	Da not attrees The OT Gat 19
7. Birth date of	and this I last steep any state of the state of the
deceased (mo., day, yr.) July 66 1900.	Immediate cause of Light. And The Market DURATION
8. AGE: Years Moods Days If less than one day	and the state of t
45 7 110hrsmin.	70 pagar
9. Birthplace Sent Co Tud	Due to gronary
(Town, county, and state)	Short with the
10. Usual occupation	Due to.
11. Industry or business	Hythe Darres
E 12. Name Standard Restauray 13. Birthplace Research and use	Other conditions fram
3 13. Birthplace & Command land well	
	(Include pregnancy within months of death)
14. Malden name Sgrah Genney 15. Birthplace Chastertynn ma	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant MANA COSTA ASTALLARIANTES	Antopsy results.
Address Huch Gud.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buridle Date thereof Select 20/945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whick?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Still Pand md	Injured at home, farm, lodustry, public place (where?)
m Na CHATTO.	Means of Lylury Jojured at work?
18. Funeral director	Dally That In was
Addraes Still Out his	23. Significant Port Med. Expeley. Multe
Sept-20 145 Millack	M.D. or other
(Onte rec'd by registrar) Registrar	Address Destroy Dato signed 19



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6) CERTIFICATE OF DEATH

119098

D	Dist	947

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (1f outside city or fown limits, write RURAL and give nearest town) Street No. (1f rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Puth A Oliver	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced manid 6.(b) Name of husband or wife. 5. Color or race 6.(c) Name of husband or wife. 6.(c) If alve, give age. 7. Birth date of	MEDICAL CERTIFICATION 2D. DATE OF DEATH
8. AGE: Years Months Bays It less than one day 8. AGE: Years Months Bays It less than one day 3 hrs. min. S. Birthplace Various County Mad. (Town, founty, and state)	Immediate cause of death Crass al Herrorhag W Due to Historia
10. Usual occupation Mongangia 11. Industry or business Masone 12. Name Junga Millu 13. Birtholace Handard Co. And	Due to Charial Scleres 57mm. The Conditions 57mm. Biher conditions
14. Maiden name May E. Andrew 15. Birthplace Harfield Co. Md. 16. Informant Mr. Neubut Olive	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please auderline the cause to which death should be charged statistically.
Address Synch. Maryland 17. Burial (Burial, cremation, or removal, Wischi) Cemetery or crematory Ab Date thereof (pionth) (day) (year) Cemetery or crematory Ab	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Marion U. William Address Schululin Ma, Schululin Ma,	Injured at home, tarm, lodustry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Still Tond 14 17/45

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TYNOTIC SERVICE AGE BEFORE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 8300

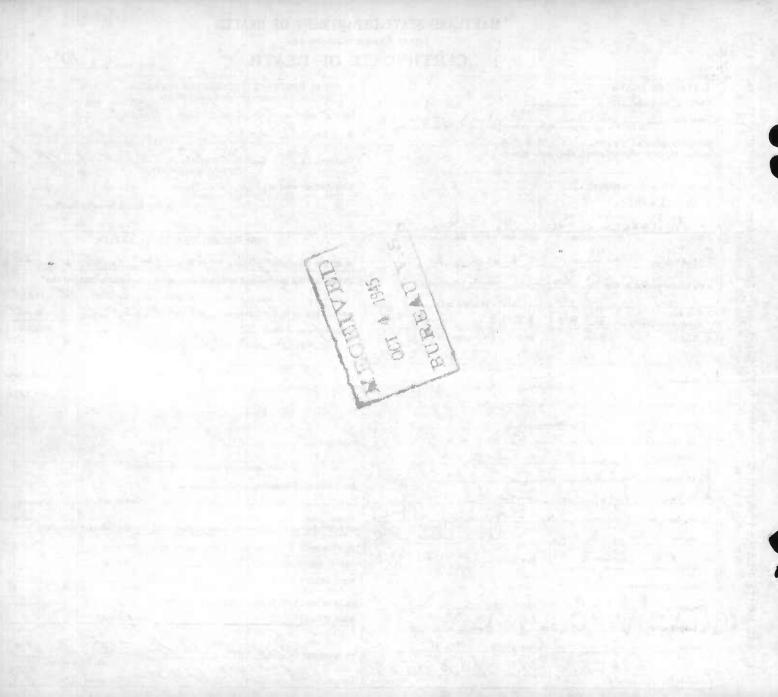
CERTIFICATE OF DEATH

Reg.	Dist.	No. 204
wroE.		

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Blanche Tunthe Skine	nne
4. Sex 5. Color or race 6.(a) Single, married, widowad, or diversed	MEDICAL CERTIFICATION
famala White Maniel	20. DATE OF DEATH September 30 1945 31 /2303
00 56	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or MTE.	19.45 to 18.45 18.
7. Birth date of	and that f last saw hative on
deceased (mc., day, yr.) 1 - 31 - 1874	Immediate serve of death DURATION
8. AGE: Years Months Days I ft less than one day	Verebrel Opoklete
68 7 29hrsmin.	
9. Birihpiace (Town, county, and state)	Due to atures polement. 5queso
10. Usual occupation.	
f1, industry or business	Due to
	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Chercie appallers 15. Birthplace kelawase	Major findings of operations
\$ 15. Birthplace Kelaware	Date of op.
16 Informaci C Rouse Skiewer Heel	Autopsy results
Address Fairles Chestertours me	YS1CfAN: Pfease underline the cause to which death should be charged statistically.
B ' A ' LO T HOLL	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burlal, creation, creation, creation) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemetery Charter	Where did injury occur?
CO. T. T. 700	Injured at home, farm, industry, public place (where?)
Location A	Means of injury injured at work?
18. Funeral director Aules Feels	
Address Chealeslows Tod	23. SIGNATURE Track M Smith M.D.
19 State 30 1945 Frank Of Stineth	Address Obstatistana RR Date signed 30/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ago VS A15

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State State County County
How long In above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(if rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clara Starlini	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemala C Thedowed	20. DATE OF DEATH 8 8 18 4 5 at 4 8 N
Charley Starling	21. I CERTIFY that death occurred on the date above stated; that I stended deceased from
8.(b) Name of husband or wife	feft V 18# 5 10 1 2/28 12 18 41
7. Birth date of years	and that I last saw harm alive on 9-11 19.45
deceased (mo., day, yr.) Sefet 12 /884	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	arence
6/ /8min.	la of bludger
B. Birthplace Inorganes / Early Tred	pura Hipportusion
(Jown, county, and state)	
10. Usuat occupation	Oustoniuso-My ocans yes
11. industry or business	-
12. Name 12. Name 22 Carolina	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name de Orrefeio Collono 15. Birthplace Ororanle rud	Major findings of operations Ca Dela Wee
2 15. Birthplace morganie ud	Date of op.
16. Interment prantha Varris	Antopsy results.
Address Chartestown ned.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlat, eremation, or removal. Which?) Date thereof Definition (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Must light the Charles of the State of the Charles of the C	Where did injury occur? (City or town) (County) (State)
Location Inorganie Mas Chesterton	Injured at home, farm, industry, public place (where?)
18. Funeral director BR Gellows	Means of Injury Injured at work?
Address & till fond hed	allen ARuneard
- Seht at 15 Molanda	23. SIGNATURE M. D. or other
19. (Date fee'd by registrar) Registrar	THE KENDO MINE STUDIE



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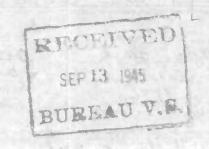
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1911 202 Reg. Dist. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Manufact Cont
(If outside city or town limits, write RURAL and give nearest town)	
Now long in above place of dealh? 45 da.	City or town (If outside city of town limits, write RURAL and give nearest town)
nospiral, lostitution, or street appress where death occurren:	Street No. Penyortle, Maryland
2/0 Cross It.	frurai, give LO ATION)
How long in hospital or institution?	2.(a) if veteran, name war World War 1
3. (a) FULL NAME	3. (b) Social Security Number
Welliam Henry This	nas 217-16-9748
4. Sez 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
M C manual	20. DATE OF DEATH September 8 19 45 21 10:30 M
6.(b) Name of husband or wife ada Gland	One CONTIEN that death occuped the date shouse and that tall under teres and
S (c) If alive also are years	formes Cother Cotto
7. Birth date of deceased (mo. day, yr.)	and that last arch of aliver the sure of t
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediatoran of death
1/0	L' F D D G FRUCO
77hrs,mln.	
9. Birthplace Mean Church / fell alum ann a mad	Due to Jacob
(Town, county, and state)	De la secola III
10. Usual occupation.	Due to
11. Industry or bosiness	
12. Name Aubanny John Wishy Shana	Dther conditions
13. Rirthplace " Cluber Gum Co. , mel.	
14. Maideo name Martha Thomas Teller	(Include pregnancy within 3 months of death)
0 11- 0 0 11	Major findings of operations.
15. Birthplace Jana Com. So, Mill.	Date of op.
16. Informant / Course / Column	Autopsy results.
Address 210 Cm St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buick Date thereof Sapt. 11 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pondlow - Billy	Where did injury occur?
Jantes Pondton - Chelulin P. D = Sad	Injured at home, farm, Industry, public place (where?)
2-6 . /1/11/1	Means officiary /)/ nipjured et Arock?
18. Funeral director	Tray of gut 1 to
Address Chestulin, many land	District Mea . Exame . cell 6 her
19 Sept. 11. 1945 Clara & Barnes.	Mosts from M. D. or other
(Date rec'd by registrar) Registrar	Address Date significant



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-6

CERTIFICATE OF DEATH

191112

203

	Reg. Diat. No.
1. PLACE OF DEATH: Kent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Many Services Visco A
City or town (11 outside city or town limits, write RURAL and give nearest town)	State M. T. G. County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No. (If rural, give LOCATION)
Have lane to beautial as Institution?	
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Caroline A. Uris	
4. Sex 5. Colly or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jan Wite willing	0.
peur mar men	20. DATE DE DEATH. 18 19 45 , 21 508 #
6.(6) Name of husband or wife during lines	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	april 1945, 10 145et 30 1945
7. Birth date of	and that I last saw h. Prz. alive on 9-18 19.7.
deceased (mo., day, yr.) 1e/+ 30 1863	Immediate cause of death
8. AGE: Years Months Days If less than one day	Ca of bladder
8/ // // hrsmin.	
P-0420	Humankage
9. 6irthplace (Town, county, and atate)	Due to chros Tuly - mag etantelis
	Decempeus Thors
1D. Usual occupation.	Due to.
11. Industry or business	
12. Name georg & Setter rill	Dither conditions
12. Name Tears & Settes Jirly 13. Birthplace Pock Fele	
	(Include pregnancy within 8 months of death)
14. Maiden name Ella Liver Gicr 15. Birthplace RockHell	Major findings of eperations.
E 15. Birthplace Poelities	Date of op.
16. Informant Everi	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address with tell his	22. VIOLENCE: It death was due to external causes, fill in the following;
(Barial, cremation, or removal, Which?) Date thereof Sell. 20 /943 (month) (day) (year)	
	Accident, suicide, or homicide
Cemetery or exemptory Wasley Chapel:	Where did injury occur? (City or town) (County) (State)
Rock of all mid.	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Masur L- Lave	means of injury injured at work?
Address Polement Hill mid.	in in in the second
9/10/10/10/10	23. SIGNATURE albert Wurgard
19. 1/19.145 19 Schwood 3 mais	Took Heer 2 1 M. D. wother
(Date rec'd by registrar) Registrar	Address Date signed 15 14

